The Ironworkers District Council of the Pacific Northwest Field Ironworkers Annuity Trust Fund

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Administered by Welfare & Pension Administration Service, Inc.

APPLICATION FOR BENEFITS

(Alternate Payee)

E-mail Address Date of Birth	Cell Phone ()			
4. Home Phone () E-mail Address 5. Date of Birth	Cell Phone ()			
E-mail Address 5. Date of Birth	6. Mar				
5. Date of Birth	6. Mar				
5. Date of Birth7. Name of Beneficiary		rital Status:	□ Single	□ Married	
7. Name of Beneficiary					
		Relationship			
Address of Beneficiary					
8. Please enter the following information reg					
Name Date of		`			
EASE SUBMIT A PHOTOCOPY OF YOUR (COMPLETE FILED DIV	ORCE DECR	REE IF NOT AL	READY PRO	
NOTARIZATION OF ALTERNATE PAYEE SIGNATURE	NOTARY SEAL				
Subscribed and sworn to before me this					
day of, 20		Alternate l	Payee Signature	;	
N. D. H. C.		Print Nam	e		
Notary Public Signature Notary Public in and for the State of		Mailing A	ddress:		
Residing at		Ividining /1	aaress		